

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532156

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			1			
4						
5						
6						
7						
8			1			
9						
10			1			
11						
12		1				
13			1			
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40						
41			1			
42						
43			1			
44						
45			1			
46						
47			1			
48			1			
49						
50			1			
TOTAL IND.			8		8	
TOTAL DEP.			8		8	
TOTAL CLAIMS			8		8	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
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97						
98						
99						
100						
TOTAL IND.	8		8		8	
TOTAL DEP.	8		8		8	
TOTAL CLAIMS	8		8		8	